	PATENT	APPLICATION Effec	ON FEE D tive Octob			ON RECO	ORD .			170	9110	54	
CLAIMS AS FILED - PART I SMALL ENTITY OTHER (Column 1) (Column 2) TYPE OR SMALL												THAN ENTITY	
TO	TAL CLAIMS	•	20				RAT	E	FEE	7	RATE	FEE	1
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.0	0
ΤC	TAL CHARGE	ABLE CLAIMS	20 minus 20=				X\$ 9	_		OR	X\$18=		1
INE	EPENDENT C	LAIMS	3 minus 3 =		• .		X43		•	ОЯ	X86=		7
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT				+145	_		1	+290=		1
* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL												77/	4
CLAIMS AS AMENDED - PART II OTHER TH												THAN	1
	(Column 1) (Column 2) (Column 3)								YTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	RAŢI		ADDI- IONAL FEE		RATE	ADDI- TIONA FEE	
MON	Total	. 4.1	Minus		1/	= -	X\$ 9	-		OR	X\$18=		
A WE	Independent	1 LE	Minus				X43=			OR	X86=		7
	FIRST PRESE	+145	_		OR	+290=		7					
		101		· _		TOTAL	770	4					
		(Column 1)		(Colum	nn 2)	(Column 3)	ADDIT. F	EE L		J O.,	ADDIT. FEE		4
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F		PRESENT EXTRA	RATE	: ⊤	ADDI- IONAL FEE		RATE	ADDI- TIONA FEE	
AMENDMENT	Total	•	Minus			=	X\$ 9=	-		OR	X\$18=		1
	Independent	• .	Minus	***		s . ·	X43=	1	·	OR	X86=		1
	FIRST PRESE	NTATION OF MU	+145:			OR	+290=		1				
TOTAL										00.1	TOTAL	•	1
AUDIT PEE CAMERINA AUDIT PEELLA												. ;	1
	`	(Column 1) CLAIMS	 	HIGH	ST .	·]	1	NDDI-			ADDI-	4
AMENDMENT C		REMAINING . AFTER AMENDMENT		PREVIO PAID	USLY	PRESENT EXTRA	RATE	П	ONAL		RATE	TIONA	
	Total	*	Minus	**	<u> </u>	8	X\$ 9=		FEE_	OR	X\$18=	FEE	1
	Independent	•	Minus	***		=	X43=	十			X86=		1
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+		OR			4
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		_
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **ODIT. FEE **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											TOTAL ADDIT. FEE		4
		nber Previously Pai					er found in the	appro	priate box	in cot	umn 1.	. ;	